

FY 2013 Membership Certification**Status:** APPROVED**Communications Contact**

All communications for this form and any questions PBS may have will be made with the following individual. Identify the individual who should receive all communications:

First and Last Name*	Thomas E. Carroll
E-Mail Address*	tcarroll@lakeshoreptv.com

Station Information

Please enter your Station information:

Station Call Letters (or State Network)*	WYIN
Licensee Organization (per FCC License)*	Northwest Indiana Public Broadcasting, Inc.
If other, Operating Organization	
Organization Street Address*	8625 Indiana Place
Organization City*	Merrillville
Organization State and Zip Code*	Indiana 46410

The above named licensee organization, a member of the Public Broadcasting Service ("PBS"), certifies public television broadcast station(s) operated by the organization (i) provide(s) nonsectarian, nonpolitical noncommercial educational program service to the general public in the community served by the station in accordance with PBS policies, and (ii) complies at all times with comply terms, conditions and guidelines in the PBS Member Station Handbook and all other applicable PBS policies (available on PBS Connect at <http://connect.pbs.org> under Systemwide Management > PBS Member Toolkit > PBS Member Station Information) including without limitations all financial obligations.

The licensee organization understands that this certification is a condition of its membership in PBS.

Signature*	Thomas E. Carroll
Title*	President & CEO
Date*	7/20/2012

PBS Member Station Information**I. GM Contact Information**

Primary PBS Contact Information (GM)*	Thomas E. Carroll
Email Address*	tcarroll@lakeshoreptv.com
Phone Number*	219-756-5656 x 303

II. Station Information

Please list your transmitter information here:

WYIN/Merrillville

Please detail below any changes to your transmitter or operation that may have impacted your population coverage. (For example, change in the number of transmitters, location, power, etc)

None

III. Digital Services

A. Broadcast Multicast Channels

Please provide below the name and general description of each of your station's multicast channels. You do not need to provide a description of nationally packaged channels like PBS World, CreateME.

Channel #

Channel #1

Lakeshore Kids (children)

Identify your Primary PBS Channel:

Primary PBS Channel

Lakeshore

B. Cable/Satellite/FIOS/Mobile/Other

Please describe any additional services your station is providing via Cable, Satellite, FIOS, Mobile Internet or any other means. (For example, an educational channel on Cable)

None